



3764
BFW

THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : Bassuk
INVENTION : Combined Horizontal and Vertical
CPR Device
SERIAL NUMBER : 10/051,780
FILING DATE : Jan. 16, 2002
EXAMINER : DeMille
GROUP ART UNIT : 3764
OUR FILE NO. : 2302.003

CERTIFICATE UNDER 37 CFR 1.8(a)

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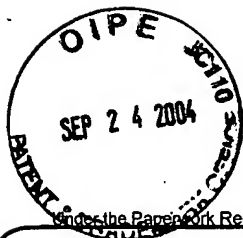
RESPONSE TO OFFICE ACTION OF July 1, 2004

Sir:

In response to the Office Action dated July 1, 2004 having a
shortened statutory period for response set to expire Oct.1, 2004,
kindly amend the above-entitled application as follows, no new
matter is added:

Amendments to the Claims are reflected in the listing of claims
which begins on page 3 of this paper.

Remarks/Arguments begin on page 5 of this paper.



PTO/SB/21 (03-03)
Approved for use through 04/30/2003. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/051,780	
	Filing Date	01/16/2002	
	First Named Inventor	Jorge I. Bassuk	
	Art Unit	3764	
	Examiner Name	Danton D. Demille	
Total Number of Pages in This Submission	5	Attorney Docket Number	2302.003

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	C. Fred Rosenbaum McHale & Slavin, P.A.
Signature	
Date	Sept 21, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 9-21-2004			
Typed or printed	Debra N. Gerstemeier		
Signature		Date	9-21-2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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